



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	10/613,911
Filing Date	July 5, 2003
First Named Inventor	Alexander Medvinsky
Group Art Unit	2136
Examiner Name	Hoffman, Brandon S.
Attorney Docket Number	D03041

### ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief}
<input checked="" type="checkbox"/> Prior to Additional Examination	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input checked="" type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

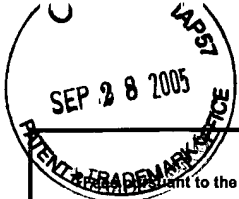
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Benjamin D. Driscoll	Registration No.	41,571
Signature			
Date	September 26, 2005		

### CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number \_\_\_\_\_ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Carol J. Smith		
Signature		Date	September 26, 2005



Effective on 12/08/2004

Subject to the Consolidated Appropriations Act. 2005 (H.R. 4818)

**FEE TRANSMITTAL**

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)**910****Complete if Known**

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**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES****FILING FEES****SEARCH FEES****EXAMINATION FEES**

Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
		Fee (\$)		Fee (\$)		Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  
Multiple dependent claims

Fee(\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims - 20 or HP=  x  =   
HP=highest number of total claims paid for, if greater than 20

Multiple Dependent Claims  
Fee(\$)  
Fee Paid (\$)

Indep. Claims - 3 or HP=  x  =   
HP=highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 =  /50 =  Number of each additional 50 or fraction thereof (round up to a whole number) x  Fee (\$)  
Fee Paid (\$)

**4. OTHER FEE(S)**

Fee Paid (\$)

Petition for 1 Mo Extension of Time  
RCE

\$120  
\$790

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-3223-1840
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Signature

Date

September 26, 2005